DEVELOPMENTAL COUNSELING FORM For use of this form, see FM 22-100; the proponent agency is TRADOC DATA REQUIRED BY THE PRIVACY ACT OF 1974 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 AUTHORITY: PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates. For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary. ROUTINE USES: DISCLOSURE: Disclosure is voluntary. PART I - ADMINISTRATIVE DATA Name (Last, First, MI) Rank/Grade Social Security No. Date of Counseling Name and Title of Counselor Organization PART II - BACKGROUND INFORMATION Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.) To: - Ensure only qualified soldiers receive Tuition Assistance (TA). - Ensure forms are filled out correctly. - Ensure that the chain of command can release the soldier during the prescribed time frame. PART III - SUMMARY OF COUNSELING Complete this section during or immediately subsequent to counseling. **Key Points of Discussion:** Request for Approval of Tuition Assistance and Permission to Attend the following college course(s). Name of Subject Days of Week Hours of Class completing your course requirements. Should your instructor wish to verify your absence, ensure that they are provided with my name and number. In the event of a deployment, you must notify the chain of command prior to the deployment so that we can assist you in completing the required paperwork for removal from the course. We will do our best to minimize any interference, but you are a soldier first. OTHER INSTRUCTIONS This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For

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separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

repayment of the Tuition Assist coordinate with the instructor of	and should he/she fail to achieve tance may be required. The sol concerning any absence from the w of your personal records and	, understands that his/her military duties e a passing grade (as determined by the education office) in this course, dier also understands that it is an individual responsibility to e course regardless of the reason (military or personal). Based upon
**		your current performance, I am recommending to the commander that
If recommending disapproval, i		
	nitial the appropriate block(s):	
Currently flagged and no	ot eligible for TA (Flag for APF	T or Weight Control does not prevent TA IAW AR 600-8-2)
Currently Barred to Ree	nlistment and not eligible for Ta	A
Substandard duty perform	nance as documented with enclo	sed counseling
Upcoming deployment/m	nission requirements will preven	t the soldier from being able to complete the assigned course.
	d provides remarks if appropriate	
Individual counseled remarks:		
Signature of Individual		Date:
Loader Decrencibilities: // cade	's responsibilities in implementin	g the plan of action)
-	has been made to allow the sol	
- Ensure that the soldier is elig		dict to attend schooling.
Signature of Counselor:		Date:
A (D)		ENT OF THE PLAN OF ACTION
	ction acnieve the desired results? iformation for follow-up counselii	This section is completed by both the leader and the individual ng.)
	Individual	Date of